

<b>BMV OR DEPUTY USE ONLY</b>
<b>PLACARD NUMBER</b>
<b>ISSUE DATE</b>

OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**APPLICATION FOR DISABILITY PLACARDS**

Ohio Revised Code (R.C.) 4503.44

SEE REVERSE SIDE FOR INSTRUCTIONS

**NOTE: A PRESCRIPTION  
FROM YOUR HEALTH CARE  
PROVIDER MUST BE  
SUBMITTED WITH THIS  
APPLICATION.**  
(Instructions are on page 2.)

R.C. 4503.44 allows an applicant to obtain one disability placard. A person with a disability that limits or impairs the ability to walk is entitled to request one additional placard that may be issued at the discretion of the Registrar. Consideration will be given only if the person applies separately for an additional placard and states the reason why the additional placard is necessary. Second placards are issued for an additional fee of \$5.00.

**Please allow 10-15 business days for processing if form is submitted by mail.**

**INDICATE TYPE OF PLACARD REQUESTED**

- ☐ New Placard - \$5.00      ☐ Temporary Placard - \$5.00      ☐ Organization transporting people with disabilities - \$5.00
- ☐ Replacement - \$5.00 because original was: ☐ Damaged      ☐ Lost      ☐ Stolen
- ☐ Additional Placard - \$5.00, Please list the reason \_\_\_\_\_.
- ☐ Renewal - \$5.00 (Do not apply more than 90 days prior to expiration date.)

Previous Placard Number \_\_\_\_\_ (Applies only to renewal or replacement.)

You may make a non-refundable donation to **Opportunities for Ohioans with Disabilities (OOD)** by checking the box below and entering the amount you wish to donate. Add this to your total fees due.

For more information, please visit <https://ood.ohio.gov/wps/portal/gov/ood/about-us/resources/donations-to-ood>.

☐ I would like to donate \$ \_\_\_\_\_ to the Opportunities for Ohioans with Disabilities Agency.

**TO BE COMPLETED BY APPLICANT**

**PLEASE PRINT OR TYPE**

NAME OF PERSON WITH A DISABILITY			
STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
DL / ID / SSN OF PERSON WITH A DISABILITY		TELEPHONE NUMBER	
SIGNATURE OF PERSON WITH A DISABILITY, NEXT OF KIN, OR CARE PROVIDER <b>X</b>			DATE SIGNED

**APPLICATION BY AN ORGANIZATION**

This is to certify that we are a private organization or corporation or any governmental board, agency, department, division, or office, that, as part of its business or program, transports people with disabilities (limited or impaired ability to walk) on a regular basis in a motor vehicle that has not been altered for the purpose of providing it with special equipment for use by people with disabilities.			
NAME OF AUTHORIZED AGENT / OFFICER		TITLE / POSITION	
NAME OF ORGANIZATION		FEDERAL TAX ID / CHARTER NUMBER	
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
SERVICE PROVIDED FOR PEOPLE WITH DISABILITIES			
SIGNATURE OF AUTHORIZED AGENT / OFFICER <b>X</b>			DATE SIGNED

**Warning: Knowingly making a false statement on this form constitutes falsification, a first degree misdemeanor punishable by criminal fines and imprisonment, and also may result in civil liability (R.C. 2921.13).**

## CERTIFICATION FOR PRESCRIPTION (R.C. 4503.44)

- |  |   |
|--|---|
| 1. Cannot walk two hundred feet without stopping to rest.  | 4. Uses portable oxygen.  |
| 2. Cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.   | 5. Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association. |
| 3. Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty millimeters of mercury on room air at rest. | 6. Is severely limited in the ability to walk due to an arthritic, neurological, or orthopedic condition.   |
|  | 7. Is blind, legally blind, or severely visually impaired.  |

### THE PRESCRIPTION MUST STATE THE FOLLOWING INFORMATION

Original prescriptions required (copies are not accepted)

- |   |  |
|---|--|
| 1. Name of the person with the disability.  | 4. How long the disability is expected to last. The health care provider must specify an ending date, not to exceed five years, or the prescription will be rejected. Placards expire on the date specified by the health care provider. |
| 2. Indicate you are applying for a disability placard or similar wording.   |  |
| 3. The health care provider must sign and date the prescription. Pursuant to R.C. 4503.44(A)(3), health care provider means "a physician, physician assistant, advanced practice nurse, optometrist, or chiropractor as defined in this section." |  |

## INSTRUCTIONS

**Note: Placard must be hung on the rear view mirror when the vehicle is parked (Ohio Administrative Code 4501:1-7-02).  
Remove placard when driving.**

### APPLICATION REQUIREMENTS:

#### I. TO OBTAIN A PLACARD FOR THE PERSON WITH A DISABILITY

- A. The application for the parking placard must be completed in the name of the person with a disability and signed.
- B. Proof of the disability must be submitted.
  1. Attach prescription.
  2. Prescription must state the name of the person with the disability, and that it is written for a disability placard, state how long the disability is expected to last and must be signed and dated by the health care provider.
- C. To apply for a replacement or one additional placard, complete the top portion of this application. A new prescription is not required for replacements or additional placards. Replacement and additional placards expire the same date as the initial placard regardless of issue date.
- D. Processing fees are \$5.00 per placard. Make checks payable to, Ohio Treasurer of State. Limit two placards per person.
- E. Take completed application and fee(s) to any local Deputy Registrar agency or mail to the Ohio Bureau of Motor Vehicles, Attn.: Ohio Bureau of Motor Vehicles, Registration Support Services, P.O. Box 16521, Columbus, Ohio 43216-6521. For questions or concerns regarding the application process, call (614) 752-7518.

#### II. TO OBTAIN A PLACARD FOR AN ORGANIZATION

- A. An organization may obtain a parking placard if it transports individuals with disabilities on a regular basis in a motor vehicle that has not been altered for the purpose of providing it with special equipment for use by people with disabilities.
  1. The bottom portion of the front of this application must be completed in the name of the organization, signed by an officer.
  2. You may obtain up to two placards per application.
  3. If your placard has been lost, stolen, or damaged, complete the bottom portion of this application. List your previous placard number and check the reason for replacement. A replacement placard will expire on the same date as your original placard.
  4. Processing fees are \$5.00 per placard. Make checks payable to, Ohio Treasurer of State.
- B. Take completed application and fee(s) to any local Deputy Registrar agency or mail to the Ohio Bureau of Motor Vehicles, Attn.: Ohio Bureau of Motor Vehicles, Registration Support Services, P.O. Box 16521, Columbus, Ohio 43216-6521. For questions or concerns regarding the application process, call (614) 752-7518.

## FINES AND PENALTIES

In accordance with R.C. 4511.69, no person shall stop, stand, or park a motor vehicle at special clearly marked parking locations provided in or on privately owned parking lots, parking garages, or parking areas designated for people with disabilities without the vehicle being operated by or transporting such person and displaying a disability placard or special license plates. Whoever violates this section is guilty of a misdemeanor. The fine is at least \$250.00, but not more than \$500.00, is not punishable with imprisonment, and is not a criminal offense.

In accordance with R.C. 4731.481 and 4734.161, no health care provider shall furnish a prescription to a person to enable the person to obtain a disability placard or special license plates if they do not meet the criteria in R.C. 4503.44. Nor shall any health care provider provide the person with a prescription misrepresenting the expected length of disability. These offenses are misdemeanors of the first degree and are punishable by imprisonment of not more than six months, a fine of not more than \$1,000, or both, and sanctions by the State Medical Board, the Chiropractic Examining Board or the Board of Nursing respectively.

In accordance with R.C. 4503.44, no person or organization shall misrepresent themselves as eligible for a disability placard or special license plates if they are not eligible according to the guidelines of this section. The penalty for this offense is confiscation of the placard or license plates and the revocation of privileges to obtain a disability placard or special license plates.